PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10645845

| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | SMALL ENTITY TYPE | | OR | OTHER THAN OR SMALL ENTITY | |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------|-------------------------------|------------------------------|---------------------|------------|-------------------|------------------------|----------------|--------------------------------------------------|------------------------|
| TOTAL CLAIMS | | | | | | | | RATE | FEE | | RATE | FEE |
| FOR | | | NUMBER FILED | | NUMBER EXTRA | | | BASIC FEE | 385.00 | OR | BASIC FEE | 770.00 |
| TOTAL CHARGEABLE CLAIMS | | | 48 min | us 20= | * | | | X\$ 9= | | OR | X\$18= | |
| INDEPENDENT CLAIMS | | | ↓ mi | nus 3 = | * | _ | | X43= | | OR | X86= | |
| MU | LTIPLE DEPEN | DENT CLAIM P | RESENT | | | | | +145= | | OR | +290= | |
| * If | the difference | in column 1 is | less than ze | ero, enter | r "0" in c | olumn 2 | | TOTAL | | OR | TOTAL | |
| | C | LAIMS AS A | MENDED | | | | SMALL I | ENTITY | OR | OTHER SMALL | | |
| (Column 1) | | | (Colun | | | (Column 3) | | SWALL | |) (1 | OMALL | |
| NT A | | REMAINING AFTER AMENDMENT | | NUM PREVIO PAID | BER DUSLY | PRESEN EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| AMENDMENT | Total | * | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | |
| MEN | Independent | * | Minus | *** | | = | | X43= | | OR | X86= | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT C | | | | | | | +145= | | | +290= | |
| | | | | | | | | | | OR | | |
| | | | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | | | | | | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | | | | |
| NT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVIO PAID | BER OUSLY | PRESEN EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| AMENDMENT B | Total | * | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | |
| | Independent | * | Minus | *** | | = | | X43= | | OR | X86= | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | +145= | | OR | +290= | |
| | | | | | | | | TOTAL | | 1 | TOTAL ADDIT. FEE | |
| | | | | ADDIT. FEE | | Uh | ADDIT. FEE | <u></u> | | | | |
| | | (Column 1) | | | | | | | | | | |
| AMENDMENT C | | CLAIMS REMAINING AFTER AMENDMENT | | PREVI | HEST IBER OUSLY FOR | PRESE! | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | |
| | Independent | * | Minus | *** | | = | | X43= | | OR | X86= | |
| I ✓ | FIRST PRESE | JLTIPLE DEPENDENT | | T CLAIM | | | | | | | | |
| | | | | | | | | | | OR | +290= | |
| ** | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." | | | | | | | | | | | |
| • | The "I Cab A" | ninder Freviously F | id East /Taket - | r Indonosa | tont) in the | a highest n | umber fr | ound in the an | propriate bo | x in co | lumn 1. | |